

Agence du revenu du Canada

Authorizing or Cancelling a Representative

Important: If you recently moved, update your address and contact information with the Canada Revenue Agency (CRA) online if you are registered for My Account at cra.gc.ca/myaccount, by telephone at 1-800-959-8281, or in writing.

By registering for My Account, you can view, add, modify, or cancel your authorized representatives. To **immediately cancel** a representative, call us at **1-800-959-8281**.

Complete a separate Form T1013 for each account (Part 1) and representative (Part 2).

Do not complete a new form every year if there are no changes.

See the attached information sheet if you need help completing this form.

Part 1 – Taxpaver information			
Complete the line that applies.			
SIN, TTN or ITN			
	First name:	Last name:	
Trust account number			
Т	Trust name:		
T5 filer identification number	Files were		
H A	Filer name:		
— Dart 2 - Banracantative inform	action and outhorization	1	
Complete section A or B, as applicable.	iation and authorization	1	
	lov voore (including coope	a bu talanhana in navaan and in uuitina)	
A. Authorize online access for all t	ax years (including access	s by telephone, in person, and in writing)	
RepID	First name	Last name:	
GroupID	First name:	Last name:	
G	Group name:		
Business number (BN)	· · · · · · · · · · · · · · · · · · ·		
8 2 8 1 6 8 7 6 5	Business name: DocAssis	st	
Representative mailing address:			
Enter the level of authorization (level	1 or 2): 1		
	- /		
Notes A representative of a trust account w	vill have access to all tax years	with no online access.	
-	-	a letter asking you to call the CRA to authorize the online access.	
B. Authorize access by telephone,	in person, and in writing ((no online access)	
First name:		Last name:	
Durain and manua			
	Ext:	Fax:	
Telephone:			
Tick the appropriate box and indicate the	he level of authorization:	(level 1 or 2)	
Tick the appropriate box and indicate to	he level of authorization:	(level 1 or 2)	
Tick the appropriate box and indicate the All tax years (past, present, and further or	he level of authorization: ture) Level of authorization		
Tick the appropriate box and indicate the second of the se	he level of authorization: ture) Level of authorization	(level 1 or 2) se, or level 2 - disclose/request changes) indicated for each tax year.	
Tick the appropriate box and indicate the All tax years (past, present, and further or	he level of authorization: ture) Level of authorization		

B. IO. A. II. C. II.	Frotected B when complete
— Part 3 – Authorization expiry date	
Enter an expiry date, if applicable. Your representative's access to your inform in effect until you or your representative cancel it, or we are notified of your or	ation will stay
Part 4 – Cancel your representative	
Complete this section to cancel your representative(s) and remove their access	s to your information. Tick the appropriate box.
Cancel all representatives	
or	
Cancel the representative listed below:	
RepID	
GroupID First name:	Last name:
Business number (BN)	
Business name:	
Go to My Account at cra.gc.ca/myaccount to view all representatives with acc	cess to your information.
─ Part 5 – Signature and date ───	
If you are the taxpayer , you must sign and date this form.	
If you are the legal representative , you must tick the box below, and sign an	d date this form.
I am the legal representative for this taxpayer or estate/trust (exec or the trustee or custodian of this trust account).	utor/administrator, power of attorney, the legal guardian
Important: You must send a complete copy of the legal document g taxpayer's tax centre. Read the attached information shee	
If two or more legal representatives are acting jointly on below.	the taxpayer's behalf, each legal representative must sign
Name of taxpayer, legal representative(s) or corporate officer(s)	Name of corporation and title of corporate officer(s)
	Year Month Day
x	
Signature of taxpayer, legal representative(s), or corporate officer(s) a parent (if taxpayer is under the age of 16),	Date of signature

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in your request not being accepted. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Banks CRA PPU 005, CRA PPU 015, CRA PPU 063, CRA PPU 140, CRA PPU 178 and CRA PPU 218.

If your representative has not electronically submitted this form on your behalf then it must be submitted within six months of the date of

a witness (when signed with a mark)

signature. If not, it will not be processed.

BARCODE